

City of Alamo Heights Certificate of Occupancy Application Community Development Department

Community Development Department 6116 Broadway, San Antonio, Texas 78209 v: (210) 826-0516 f: (210) 822-5181

Business Address & Suite:				
Business Name:	Same as DBA			
Business Owner/Manager (Indi	vidual-not company) Nam	e:		
Business Owner/Manager seco	ondary Mailing Address:			
City:		State:	Zip Code:	
Phone #:	Fax #:	Email:		
TX Drivers License #:				
Tax ID #:		Tax Exempt #:		
(please attach)		(please attach)	
Property Owner Name:				
Property Owner Mailing Address	ss:			
City:		State:	Zip Code:	
Phone #:	Fax #:	Email:		
Please Check Only One: New Tenant Existing Business, New Owner Existing Business Owner/New Business Name		 Expanding/Increasing Lease Space Shell Building/House Lights/New Property Owner Residential Home Occupation 		
	back of this form to the be be complied with whether brity to violate or cancel the	est of my knowledge. All prov specified herein or not. The e provisions of any other stat		
All application fees for Certificate of Occupancy are non-refundable. This certificate will not be issued until all other permits, fees, and building inspections have been completed.				
Applicant Name (print):				
Applicant Signature:		Property Owner Sign	nature:	

SEE REVERSE TO ANSWER THE QUESTIONS ON THE BACK OF THIS FORM. THIS APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE.

Provide a brief description of the proposed use of the building, space, or land:			
Section 1: Commercial or Industrial Uses Only What is the square footage of lease space?			
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Please Check Only One: Is there an active building permit for this location? (If yes: all construction must complete and permit inspections approved prior to CofO inspection re	☐ YES ☐ NO equest)		
Are you ready to schedule the CofO inspection? (If yes: the space must be open for inspection between 8 am to 5 pm tomorrow)	☐ YES ☐ NO		
What was the previous use of the proposed lease space?			
Are you enlarging a tenant space, combining suites or portions of suites? (If yes: Which suites?)	☐ YES ☐ NO		
Will you store, use, dispense, or mix flammable or combustible liquids? (If yes: Which liquids?)	☐ YES ☐ NO		
Is the building equipped with a fire sprinkler system?	☐ YES ☐ NO		
Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared? (If yes: Food Establishment Permit is required)	☐ YES ☐ NO		
Will alcoholic beverages be sold for consumption on the premises? (If yes: What is your TABC license #? (Contact the Community Development Office to apply for the City of Alamo Heights Liquid	YES NO		
Will sexually-oriented business or adult entertainment be conducted or sold on premises?			
Will this facility be providing care or supervision for thirteen (13) or more unrelated children under the age of fou for periods of time less than 24 hours?			
Is a grease trap located on the premises?	☐ YES ☐ NO		
Section 2: Residential Home Occupations Only			
If applying for a home day care license: How many children will be kept? Ages? From to			
Restrictions on Home Occupations:	In	itial	
 No advertisement of the home address for business purposes No on-site signage advertising the home occupation 			
* No services are permitted on-site other than by phone, fax, computer			
 No outside employees may office from the residence or be present on-site No equipment will be added for operation of the home occupation 			
other than normal home equipment * No retail sales is intended and no increase in vehicular/pedestrian traffic	<u></u>		
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